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|                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                               |                                  |              |                                                   |                                                     |                                    |                         |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------|---------------------------------------------------|-----------------------------------------------------|------------------------------------|-------------------------|---------------------------------------|--------|-------------------------|--|----|--|-----------------|--|-----------------|--|--|--|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                               |                                                                                          |                                                                                                                                                                                                                               |                                  |              | Application or Docket Number<br><b>10/810,929</b> |                                                     | Filing Date<br><b>03/26/2004</b>   |                         | <input type="checkbox"/> To be Mailed |        |                         |  |    |  |                 |  |                 |  |  |  |
| <b>APPLICATION AS FILED – PART I</b>                                                                                            |                                                                                          |                                                                                                                                                                                                                               |                                  |              |                                                   |                                                     |                                    |                         |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |
| (Column 1)                                                                                                                      |                                                                                          |                                                                                                                                                                                                                               | (Column 2)                       |              |                                                   | SMALL ENTITY <input checked="" type="checkbox"/> OR |                                    | OTHER THAN SMALL ENTITY |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |
| FOR                                                                                                                             |                                                                                          | NUMBER FILED                                                                                                                                                                                                                  |                                  | NUMBER EXTRA |                                                   | RATE (\$)                                           |                                    | FEE (\$)                |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                             |                                                                                          | N/A                                                                                                                                                                                                                           |                                  | N/A          |                                                   | N/A                                                 |                                    |                         |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                            |                                                                                          | N/A                                                                                                                                                                                                                           |                                  | N/A          |                                                   | N/A                                                 |                                    |                         |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                       |                                                                                          | N/A                                                                                                                                                                                                                           |                                  | N/A          |                                                   | N/A                                                 |                                    |                         |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                                                                |                                                                                          | minus 20 =                                                                                                                                                                                                                    |                                  | *            |                                                   | X \$ =                                              |                                    | OR                      |                                       | X \$ = |                         |  |    |  |                 |  |                 |  |  |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                          |                                                                                          | minus 3 =                                                                                                                                                                                                                     |                                  | *            |                                                   | X \$ =                                              |                                    | OR                      |                                       | X \$ = |                         |  |    |  |                 |  |                 |  |  |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                               |                                                                                          | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                  |              |                                                   |                                                     |                                    |                         |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                      |                                                                                          |                                                                                                                                                                                                                               |                                  |              |                                                   |                                                     |                                    |                         |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                       |                                                                                          |                                                                                                                                                                                                                               |                                  |              |                                                   |                                                     |                                    |                         |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                         |                                                                                          |                                                                                                                                                                                                                               |                                  |              |                                                   |                                                     |                                    |                         |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |
| (Column 1)                                                                                                                      |                                                                                          |                                                                                                                                                                                                                               | (Column 2)                       |              |                                                   | (Column 3)                                          |                                    |                         | SMALL ENTITY OR                       |        | OTHER THAN SMALL ENTITY |  |    |  |                 |  |                 |  |  |  |
| AMENDMENT                                                                                                                       | <b>06/16/2008</b>                                                                        |                                                                                                                                                                                                                               | CLAIMS REMAINING AFTER AMENDMENT |              |                                                   |                                                     | HIGHEST NUMBER PREVIOUSLY PAID FOR |                         | PRESENT EXTRA                         |        |                         |  |    |  |                 |  |                 |  |  |  |
|                                                                                                                                 | Total (37 CFR 1.16(i))                                                                   |                                                                                                                                                                                                                               | * 18                             |              | Minus                                             |                                                     | ** 20                              |                         | = 0                                   |        |                         |  |    |  |                 |  |                 |  |  |  |
|                                                                                                                                 | Independent (37 CFR 1.16(h))                                                             |                                                                                                                                                                                                                               | * 3                              |              | Minus                                             |                                                     | *** 3                              |                         | = 0                                   |        |                         |  |    |  |                 |  |                 |  |  |  |
|                                                                                                                                 | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                  |              |                                                   |                                                     |                                    |                         |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |
|                                                                                                                                 | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                  |              |                                                   |                                                     |                                    |                         |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |
|                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                               |                                  |              |                                                   |                                                     |                                    |                         |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |
|                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                               |                                  |              |                                                   |                                                     |                                    |                         |                                       |        | TOTAL ADD'L FEE         |  | 0  |  | OR              |  | TOTAL ADD'L FEE |  |  |  |
| (Column 1)                                                                                                                      |                                                                                          |                                                                                                                                                                                                                               | (Column 2)                       |              |                                                   | (Column 3)                                          |                                    |                         | SMALL ENTITY OR                       |        | OTHER THAN SMALL ENTITY |  |    |  |                 |  |                 |  |  |  |
| AMENDMENT                                                                                                                       |                                                                                          |                                                                                                                                                                                                                               | CLAIMS REMAINING AFTER AMENDMENT |              |                                                   |                                                     | HIGHEST NUMBER PREVIOUSLY PAID FOR |                         | PRESENT EXTRA                         |        |                         |  |    |  |                 |  |                 |  |  |  |
|                                                                                                                                 | Total (37 CFR 1.16(i))                                                                   |                                                                                                                                                                                                                               | *                                |              | Minus                                             |                                                     | **                                 |                         | =                                     |        |                         |  |    |  |                 |  |                 |  |  |  |
|                                                                                                                                 | Independent (37 CFR 1.16(h))                                                             |                                                                                                                                                                                                                               | *                                |              | Minus                                             |                                                     | ***                                |                         | =                                     |        |                         |  |    |  |                 |  |                 |  |  |  |
|                                                                                                                                 | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                  |              |                                                   |                                                     |                                    |                         |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |
|                                                                                                                                 | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                  |              |                                                   |                                                     |                                    |                         |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |
|                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                               |                                  |              |                                                   |                                                     |                                    |                         |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |
|                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                               |                                  |              |                                                   |                                                     |                                    |                         |                                       |        | TOTAL ADD'L FEE         |  | OR |  | TOTAL ADD'L FEE |  |                 |  |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                           |                                                                                          |                                                                                                                                                                                                                               |                                  |              |                                                   |                                                     |                                    |                         |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".                                       |                                                                                          |                                                                                                                                                                                                                               |                                  |              |                                                   |                                                     |                                    |                         |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".                                        |                                                                                          |                                                                                                                                                                                                                               |                                  |              |                                                   |                                                     |                                    |                         |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                          |                                                                                                                                                                                                                               |                                  |              |                                                   |                                                     |                                    |                         |                                       |        |                         |  |    |  |                 |  |                 |  |  |  |

Legal Instrument Examiner:  
/EFREM WARREN/

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.